

## DECLARATION

As a below named inventor, I hereby declare that:

This declaration is of the following type:

- |                                     |                       |                          |                      |
|-------------------------------------|-----------------------|--------------------------|----------------------|
| <input checked="" type="checkbox"/> | original              | <input type="checkbox"/> | divisional           |
| <input type="checkbox"/>            | design                | <input type="checkbox"/> | continuation         |
| <input type="checkbox"/>            | supplemental          | <input type="checkbox"/> | continuation-in-part |
| <input type="checkbox"/>            | national stage of PCT |                          |                      |

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled SYSTEMS AND METHODS FOR AUTOMATIC MEDICAL INJECTION WITH SAFEGUARD, the specification of which

- (a) ☒ is attached hereto OR  
 (b) ☐ was filed on \_\_\_\_\_ as United States Application Serial No. \_\_\_\_\_ and was amended on \_\_\_\_\_ if applicable  
 (c) ☐ was described and claimed in PCT International Application No. \_\_\_\_\_, filed on \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56, including for continuation-in-parts applications, material information which became available between the filing date of the prior application and the filing date of the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 USC 119 (a) – (d), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by check the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s) or any PCT international application having a filing date before that of the application of which priority is claimed.

- (d) ☒ no such applications have been filed  
 (e) ☐ such application have been filed as follows:

| Prior Foreign Application Number(s) | Country | Date of Filing | Priority Claimed |    |
|-------------------------------------|---------|----------------|------------------|----|
|                                     |         |                | Yes              | No |
| None                                |         |                |                  |    |

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date |
|-----------------------|-------------|
| None                  |             |

I hereby claims the benefit under 35 USC § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 USC § 112, I acknowledge the duty to disclose material information as defined in 37 CFR § 1.56(a), regarding events which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

| Application Serial No. | Filing Date | Status-patented, pending, abandoned |
|------------------------|-------------|-------------------------------------|
| None                   |             |                                     |
|                        |             |                                     |

Direct all correspondence to : SAMUEL B. STONE



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I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

|     |                         |                      |  |                                  |                   |
|-----|-------------------------|----------------------|--|----------------------------------|-------------------|
| 201 | FULL NAME OF INVENTOR   | FIRST Name<br>Lars   | MIDDLE Initial<br>Tommy                | LAST Name<br>Westbye             |                   |
|     | RESIDENCE & CITIZENSHIP | City<br>Carlsbad     | State or Foreign Country<br>California | Country of Citizenship<br>Norway |                   |
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INVENTOR'S SIGNATURE

Date: 7/10/03

|     |                         |                      |  |                                  |                   |
|-----|-------------------------|----------------------|--|----------------------------------|-------------------|
| 202 | FULL NAME OF INVENTOR   | FIRST Name<br>Philip | MIDDLE Initial                         | LAST Name<br>Dowds               |                   |
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|     |                         |            |                          |                        |          |
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INVENTOR'S SIGNATURE

Date:

## POWER OF ATTORNEY BY ASSIGNEE

**SAFETY SYRINGES, INC.**, assignee of the application for United States and International Letters Patent for an improvement in:

## SYSTEMS AND METHODS FOR AUTOMATIC MEDICAL INJECTION WITH SAFEGUARD

the specification of which:

- (a) ☒ is attached hereto OR  
 (b) ☐ was filed on \_\_\_\_\_ as United States Application Serial No. \_\_\_\_\_ and was amended on \_\_\_\_\_ if applicable  
 (c) ☐ was described and claimed in PCT International Application No. \_\_\_\_\_, filed on \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

does hereby appoint as its attorneys and/or agents, with full power of substitution and revocation, to prosecute this application and transact all business in the United States Patent and Trademark Office, and in countries other than the United States, and to do all things necessary or appropriate therefore before any competent International Authorities in connection with any international patent application(s) corresponding to the above-identified application, all of the registered practitioners identified by Customer Number 34313.

Direct all correspondence to : **Samuel B. Stone**



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I, the undersigned, declare that I have reviewed copies of the documentary evidence establishing chain of title to the patent application identified above from the inventor(s) to the assignee(s), which:

- ☒ is filed for recordation herewith; or  
☐ was recorded at Reel \_\_\_\_\_, Frame \_\_\_\_\_; or  
☐ has been sent for recordation under separate cover, copy attached herewith.

The undersigned, whose title is supplied below, is empowered to act on behalf of the assignee.

I hereby declare that all statements made herein of my own knowledge are true, and that all statements made on information and belief are believed to be true; and further, that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001, Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

|  |                  |
|--|------------------|
| Full Name of Assignee: SAFETY SYRINGES, INC.                             |                  |
| Post Office Address: 1939 Palomar Oaks Way, Suite A, Carlsbad, CA. 92009 |                  |
| Signature of Declarant or Assignee:<br>                                  | Date:<br>7/14/03 |
| Full Name of Declarant   |                  |
| If Other Than Assignee: Christer Andreasson                              |                  |
| Title of Declarant: President  |                  |